

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-175)

10/553852

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			/			
2		/					52			/			
3		2					53			/			
4		2					54			/			
5		2					55			/			
6		2					56			/			
7		2					57			/			
8		2					58			/			
9		2					59			/			
10		2					60			/			
11		2					61			/			
12		2					62			/			
13		2					63			/			
14		2					64			/			
15		2					65			/			
16		2					66			/			
17		2					67			/			
18		2					68			/			
19		2					69			/			
20		2					70			/			
21		2					71			/			
22		2					72			/			
23		2					73			/			
24		2					74			/			
25		2					75			/			
26		2					76			/			
27		2					77			/			
28		2					78			/			
29		2					79			/			
30		2					80			/			
31	/						81			/			
32		1					82			/			
33		1					83			/			
34		1					84			/			
35		1					85			/			
36		1					86			/			
37	/						87			/			
38		1					88			/			
39		1					89			/			
40		1					90			/			
41		1					91			/			
42		1					92			/			
43	/						93			/			
44	/						94			/			
45		1					95			/			
46		1					96			/			
47		1					97			/			
48		1					98			/			
49		1					99			/			
50		1					100			/			
TOTAL IND.	5	4	4	4	4	4	TOTAL IND.						
TOTAL DEP.	42	37	37	37	37	37	TOTAL DEP.						
TOTAL CLAIMS	47	41	41	41	41	41	TOTAL CLAIMS						

PTO-1360 (REV. 5/15)

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